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|--|--|---|---|-------|---------|-------------|
| No. <b>C 110813</b>  | <b>Due no later than May 31, 2009</b><br><b>Annual Report Form</b>   |   | 2. Registered Agent and Address <b>(NO PO BOX)</b>            |       |         |             |
| Return to:<br>SECRETARY OF STATE<br>700 WEST JEFFERSON<br>PO BOX 83720<br>BOISE, ID 83720-0080<br><br><b>NO FILING FEE IF<br/>RECEIVED BY DUE DATE</b> | <b>1. Mailing Address: Correct in this box if needed.</b><br>LAKESHORE LANDSCAPE & NURSERY, INC.<br>NATHAN MELAD<br>12641 LAKESHORE DR<br>NAMPA ID 83686 |   | DOUGLAS A DONOHUE<br>812 12TH AVE SO. STE E<br>NAMPA ID 83651 |       |         |             |
|  |  |   | 3. <u>New</u> Registered Agent Signature:*                    |       |         |             |
| 4. Corporations: Enter Names and Business Addresses of President, Secretary, and Directors. Treasurer (optional).                                      |  |   |   |       |         |             |
| Office Held  | Name   | Street or PO Address  | City  | State | Country | Postal Code |
| PRESIDENT  | NATHAN MELAD   | 12641 LAKESHORE DRIVE   | NAMPA   | ID    | USA     | 83686       |
| SECRETARY  | MELISSA MELAD  | 12641 LAKESHORE DRIVE   | NAMPA   | ID    | USA     | 83686       |
| 5. Organized Under the Laws of:<br><br><b>ID<br/>C 110813</b>  | 6. Annual Report must be signed.*<br>Signature: Melissa Melad<br>Name (type or print): Melissa Melad   |   | Date: 06/07/2009<br>Title: Secretary                          |       |         |             |
| Processed 06/07/2009   |  | * Electronically provided signatures are accepted as original signatures. |   |       |         |             |